



10-23-06

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Express Mail No. EV674901649US

PTO/SB/21 (09-06)

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TRANSMITTAL FORM

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Application Number	09/605,683 (Conf. No. 5787)
Filing Date	June 26, 2000
First Named Inventor	Michael D. Ellis
Art Unit	2623
Examiner Name	Dominic D. Saltarelli
Attorney Docket Number	UV-154

Total Number of Pages in This Submission

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
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<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

Remarks

Fee for Additional Claims:

A fee for additional claims is not required.

Total Claims: 180 - 186 (HP) = 0 x \$50 = \$0.00

Independent Claims: 18 - 18 (HP) = 0 x \$200 = \$0.00

The Director is hereby authorized to charge payment of any additional filing fees required under 37 C.F.R. § 1.16, to Deposit Account No. 06-1075 (Order No. 003597-0154). A duplicate copy of this letter is enclosed.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Fish & Neave IP Group of Ropes & Gray LLP		
Signature			
Printed name	Michael Chasan		
Date	October 19, 2006	Reg. No.	54,026

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